

**Income Verification Worksheet**

INCWKS

STUDENT ID: \_\_\_\_\_

YEAR/TERM: \_\_\_\_\_

LAST NAME

FIRST NAME

MI

Size of Household: \_\_\_\_ (Check one) Dependent: \_\_\_\_ Independent: \_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_

The 2017 income information provided on the 2019-2020 *Free Application for Federal Student Aid (FAFSA) Form* for the number of people reported in the household appears deficient. **Please be advised this worksheet will be returned for additional information if it is incomplete.** The College will email and/or call if the form is incomplete.

Check the benefits you receive:

TANF     Section 8 Housing     Social Security     WIC     Scholarship/Other Financial Aid  
 Food Stamps     Medicare/Medicaid     VA Non-Educational Benefits     Other Income  
 DCF/Foster Care Stipend     Road to Independence Stipend

Please provide a response for **each** box below, addressing January 1, 2017 through December 31, 2017; include all funding received such as financial support from family members, and private/public agencies.

**Note:** You **MUST** complete ALL of the boxes below. If something does not apply to you, enter a "0" but do not leave any blank spaces.

<u>STUDENT</u>	<u>INCOME SOURCES AND AMOUNTS IN 2017 (ANNUAL AMOUNTS ONLY)</u>	<u>PARENT/SPOUSE</u>
\$ _____	Earnings from Work	\$ _____
\$ _____	Unemployment Compensation	\$ _____
\$ _____	Child Support Received	\$ _____
\$ _____	Alimony Received	\$ _____
\$ _____	Money Received/Paid on Your Behalf (e.g., for bills or cash given for expenses)	\$ _____
\$ _____	Cash Gifts (e.g., money given to you only once)	\$ _____
\$ _____	Public Assistance: Food Stamps (SNAP)	\$ _____
\$ _____	Public Assistance: Housing (TANF), Utilities, etc.	\$ _____
\$ _____	Social Security	\$ _____
\$ _____	Money from Savings	\$ _____
\$ _____	Loans/Financial Aid Received	\$ _____
\$ _____	Veterans Non-Education Benefits	\$ _____
\$ _____	Other Untaxed Income (please specify below)	\$ _____

Please provide a breakdown of your household expenses (ex: housing, utilities, food, transportation, etc. explaining how you and/or your family survive within the stated budget. Use an additional sheet if more space is needed but **do not leave this information blank:** \_\_\_\_\_

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Student Financial Services  
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